



PATENT  
Q147-US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
Hisashi Tsukamoto et al.  
Serial No: 10/718,927  
Filed: November 19, 2003  
For: IMPLANTABLE MEDICAL POWER  
MODULE

Art Unit: 2838  
Examiner: Edward H. Tso

CERTIFICATE OF MAILING  
VIA FIRST CLASS MAIL (37 CFR 1.8)  
Dated: February 15, 2005


Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

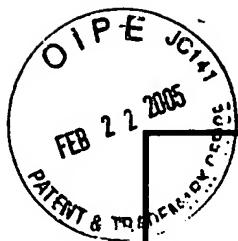
I hereby certify that the following attached documents are being deposited with the United States Postal Service as first class mail under 37 CFR 1.8 on the date indicated above and are addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

- 1. Transmittal Letter
- 2. Fee Transmittal Letter (in duplicate)
- 3. Amendment and Request for Reconsideration
- 4. Self addressed stamped postcard

February 15, 2005  
Date of Deposit

Lisa K. Robbins  
Name of Person Mailing paper or fee

  
Signature



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	10/718,927	
	Filing Date	November 19, 2003	
	First Named Inventor	Hisashi Tsukamoto et al.	
	Group Art Unit	2838	
	Examiner Name	Edward Tso	
Total Number of Pages in This Submission		Attorney Docket Number	Q147-US2

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Authorized	Drawing(s)	Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
After Final	Petition to Convert to a Provisional Application	Proprietary Information
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):
Express Abandonment Request	Request for Refund	
Information Disclosure Statement	CD, Number of CD(s) _____	
Certified Copy of Priority Document(s)	Remarks	
Response to Missing Parts/ Incomplete Application		
Response to Missing Parts under 37 CFR 1.52 or 1.53		

Customer Number or Bar Code Label

31815

(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 2/15/2005

By: 

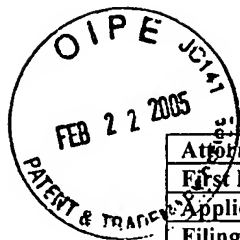
Phone: (818) 833-2014  
Fax: (818) 833-2065

Travis Dodd  
Attorneys for Applicant(s)  
P.O. Box 923127  
Sylmar, CA 91392-3127

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail  
In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: \_\_\_\_\_

Typed or printed name	TRAVIS DODD		
Signature		Date	



## FEE TRANSMITTAL

Attorney Docket No.	Q147-US2
First Named Inventor:	Hisashi Tsukamoto et al.
Application Number	10/718,927
Filing Date:	November 19, 2003
Examiner Name:	Edward H. Tso
Group/Art Unit:	2838

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$ 000.00</b>
<b>METHOD OF PAYMENT (check One)</b>	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:  Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC  <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17  2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other – Credit Card

### 2. UTILITY Basic Filing Fee & Claims


(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 300.00	\$150.00	\$ .00
Total Claims	30 – 70 =	0	X \$ 50.00	X \$ 25.00	\$ .00
Independent Claims	4 - 7 =	0	X \$ 200.00	X \$ 100.00	\$ .00
Multiple Dependent Claim(s) (if applicable)			\$ 360.00	\$180.00	\$ .00
<b>Total of above Calculations =</b>					<b>\$ .00</b>

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 200.00	\$ 100.00	\$ 000.00
Reissue filing fee	\$ 300.00	\$ 150.00	\$ 0.00
Provisional filing fee	\$ 200.00	\$ 100.00	\$ 00.00
<b>Total of above Calculations =</b>			<b>\$ 00.00</b>

### 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL:</b>			<b>\$</b>

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	2/15/2005



PATENT  
DOCKET NO. Q147-US2

*JPW*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

TSUKAMOTO et al.

Serial No.: 10/718,927

Filed: November 19, 2003

For: IMPLANTABLE MEDICAL  
POWER MODULE

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Examiner: Edward H. Tso

Art Unit: 2838

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND REQUEST FOR RECONSIDERATION**

This communication is in response to the Office Action mailed October 20, 2004.